

Terms of Reference for Social Behaviour Change Communication (SBCC) Package Formative Research and Design

December 2025

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1.PROJECT SUMMARY

Type of study/works	Barrier Analysis (doer/non-doer analysis), SBCC strategy development, and IEC materials review and design.
Name of the project	Helti Pikinini, Helti Vanuatu
Project Start and End dates	Aug 2025 – July 2029
Project duration	4 years
Project locations:	Vanuatu – 20 communities in Shefa and Sanma Provinces
Thematic areas	Nutrition, WASH, Food security
Donor	DFAT Australian Government ANCP
Estimated beneficiaries	Parents/Caregivers, Children under 5, other community members (for WASH infrastructure), 20 Vatu food vendors, Health Workers, Provincial and National Government
Overall objective of the project	Reduce undernutrition and WASH-related health concerns among children aged 0-5 years in Vanuatu, ensuring they have a healthy start in life through improved nutrition, hygiene practices, and access to safe water and sanitation

ACRONYMS:

ANCP	Australian NGO Cooperation Program
BBbP	Bildimap Bren blong Pikinini
CAP	Community Action Project
DFAT	Department of Foreign Affairs and Trade
GEDSI	Gender Equity, Disability, and Social Inclusion
HPHV	Helti Pikinini, Helti Vanuatu
IEC	Information Education and Communication (materials)
MGAD	Monitoring Growth Assessment and Development
MoH	Ministry of Health
PD/Hearth	Positive Deviance/Hearth
SBCC	Social Behaviour Change Communication
SCV	Save the Children Vanuatu
TA	Technical Advisor
ToR	Terms of Reference
WSB	Wan Smolbag
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organisation

2.INTRODUCTION

Vanuatu has one of the highest rates of child stunting in the Pacific (29%¹), with nearly a third of children aged 2-5 years off-track in early childhood development. Early malnutrition has profound consequences, limiting cognitive growth, reducing school readiness, and increasing the likelihood of poor academic performance and dropout rates. There is also a strong link between child stunting, malnutrition and disability. At the same time, widespread WASH-related health concerns are exacerbating malnutrition, with high levels of water contamination leading to frequent diarrheal disease, one of the main contributors to child wasting and stunting.

In response, Save the Children Vanuatu (SCV) has initiated the **Helti Pikinini, Helti Vanuatu** (HPHV) project which aims to reduce undernutrition, child development and WASH-related health concerns among children aged 0-5 years in Vanuatu, targeting 20 communities across Sanma and Shefa, with interventions to be rolled out in groups of communities over four years (August 2025 - July 2029).

Key project interventions will:

- Address child wasting in Vanuatu by increasing early detection and community-based rehabilitation of malnourished children under five using a Positive Deviance/Hearth (PD/Hearth) approach (under Outcome 1).
- Enhance hygiene and sanitation through improved infrastructure and behaviour change using Save the Children's proven Community Action Project (CAP) approach (under Outcome 2).
- Support food-focused activities in communities to increase the availability and affordability of nutritious food options and ensure children have greater access to a diverse and balanced diet with support to 20 Vatu markets or local food preservation (under Outcome 3).
- Collaborate with a behaviour change consultant or agency to develop, test, and scale a Social Behaviour Change and Communication (SBCC) strategy and package of materials (most relevant to this ToR). This will be a GEDSI-inclusive strategy that targets greater uptake of improved hygiene, care and feeding practices among caregivers across the First 1000-day period (under Outcome 4).
- Encourage the long-term sustainability of the interventions and approaches under this project through the generation of evidence and building of government relationships, with the aim of integrating approaches into government policy and planning (under Outcome 5).

¹ Vanuatu Bureau of Statistics (2024) Key Indicators Report Vanuatu MICS 2023.

This document provides Terms of Reference (ToR) for several integrated and interdependent activities that support the SBCC activities under HPHV.

These are to:

- 1) Conduct a Barrier Analysis (doer/non-doer analysis) on behaviours related to child feeding
- 2) Development of an SBCC strategy, outlining key messages, framings and audiences based on the Barrier Analysis findings, and
- 3) Review existing Information Education and Communication (IEC) materials and design additional materials to complement or improve on the package, including light focus group testing of materials with mothers and other caregivers.

3.BACKGROUND AND CONTEXT

The HPHV project includes an important workstream related to SBCC under “*Medium/Long-Term Outcome 4: Long-term adoption of behaviour change strategies at the household and community level, improving child feeding, child development and hygiene practices.*” To achieve greater uptake of improved care and feeding practices among caregivers across the First 1000-day period, particularly focusing on very poor rates of antenatal care, minimum dietary diversity and meal frequency for young children, the project will collaborate with a behavioural science consultant/team, to research, develop and test a SBCC strategy that SCV will scale in later years of the project.

This aims to shift care and feeding behaviours at the household and community level by addressing barriers to maternal and child health care, dietary diversity and meal frequency, while ensuring the approach is GEDSI-inclusive and incorporates gender-transformative elements (such as changing norms around fathers’ involvement in child feeding and care). By the end of the project, the goal is for SCV to have demonstrated the effectiveness of the SBCC strategy and for the government to formally adopt this SBCC strategy and integrate it into national nutrition programming.

The process will begin with formative research in project communities to identify the barriers and drivers influencing child feeding practices in Vanuatu (Project Activity 4.1.1.1). This research will use a Doer/Non-doer Barrier Analysis methodology² to compare and identify which behavioural determinants are most important barriers and enablers to improved child feeding and care behaviours (e.g. Perceived Self-efficacy, Perceived Social Norms, Perceived Positive and

² Please see more information on this methodology at: [Barrier Analysis \(BA\) | Behaviour Change](#)

Negative Consequences, etc). This step is critical in ensuring that SBCC interventions are both evidence-based, culturally relevant and inclusive.

Following this research, the consultant will lead the development and design an SBCC package that includes tailored nutrition messaging, educational materials, and engagement strategies for caregivers (mothers and fathers), families, and communities (Project Activity 4.1.1.2). This will be done in coordination with the SCV HPHV project team, technical advisors (TAs), and MoH to ensure messages align with needs and national guidelines. This will build on from approaches and materials used under the previous ANCP First 1000 days project and ANCP Bildimap Bren blong Pikinini (BBbP) project, such as flipcharts, Monitoring Growth Assessment and Development (MGAD) tool and parent support groups.

The development of innovative message delivery tools (such as products that allow interaction, height charts for home use, or plates with food groups printed on them) is also encouraged. Radio and short videos will also be developed under the separate project partner Wan Smolbag (WSB) to further complement the SBCC package. Materials will be used variously by nutrition promotion actors such as community health volunteers/facilitators, health workers, SHIFT youth groups, and local project partners.

The formative research and SBCC package development is expected to be conducted from approximately February to May 2026.

Key documents and materials from previous projects, include:

- MGAD flipchart and training package (2024)
- First 1000 days flipchart and training package (2019)
- My Bebi Nutrition formative research report for SBCC (2016)

4.SCOPE OF STUDY

4.1 Purpose, Objectives and Scope

A behaviour change, marketing or similarly experienced consultant is being recruited to conduct a formative research study and develop a SBCC nutrition package in the first half of 2026. The result will be a complete package of SBCC messages and materials for delivery from Quarter 3 of 2025 through to the project end in July 2029.

Past project materials tended to focus on educational messages but do not look much at behaviour change approaches to improve uptake of messages (e.g. how to target different audiences e.g. fathers vs mothers, frame messages or make points more acceptable and desirable). Therefore, the behaviour change consultant will lead the research and development of a strong, evidence based SBCC package with:

- **Barrier Analysis using a doer/non-doer methodology:** Conduct the formative research study using a Barrier Analysis approach to identify barriers and enablers to two suggested

key behaviours: (1) caregivers feeding protein rich foods (animal source foods or beans/legumes) to infants from 6 months old; and (2) caregivers washing hands with soap after using the bathroom and before feeding children. Other behaviours can be selected but will need to be clearly defined and likely no more than 2-3 behaviours will be feasible to collect data on.

- **SBCC Strategy:** Distil the findings from the Barrier Analysis into a short strategy brief that outlines the key messages to focus on, framing guides, audiences and suggested modes of delivery. This will help project staff and users of the IEC materials with their targeting and delivery of messages in community.
- **Print ready package of IEC materials:** Support the review of existing IEC materials, consolidate key nutrition/WASH messages, develop new/refresh materials and focus-group test the improved package of SBCC print materials (e.g. flip chart, posters, nutrition tools). The flipchart is a key education tool and will integrate broader messaging on nutrition related pregnancy care, child feeding, hygiene and sanitation, based on MoH and WHO guidance.

Nutrition tools may encompass other innovative products like growth charts for home monitoring, plates with food groups printed on them, etc. Technical inputs will be provided by SCV project staff, Regional TAs, and MoH staff, but the consultant should lead and coordinate the review, design and testing process. Budget permitting, draft IEC materials should be focus group tested with relevant audiences (at least 1 group each of female and male caregivers in Sanma and Shefa) and revisions incorporated into the final designs.

During the work, the consultants should keep in mind what is the feasibility, appropriateness and acceptability of the strategy and materials. Research and design should also include a GEDSI-inclusive lens to ensure children and caregivers with disability, women, men, and other social groups are considered and consulted as appropriate.

4.2 Intended Audience and Users

Primary intended audience of the Barrier Analysis study are the SCV HPHV Project Team, TAs, and MoH counterparts who will be able to use the insights from the study to improve the design and implementation of nutrition related behaviour change activities. The users of the SBCC package will be HPHV project implementing staff and partners including community health volunteers/facilitators, health workers, departments of health, SHIFT youth groups, and local project partners. The primary audience of the SBCC package will be primarily pregnant women, mothers, fathers, and other caregivers of children under 5 years of age, while secondary audiences include broader community leaders and members who have a stake in child wellbeing.

5. STUDY METHODOLOGY

5.1 Study Design

The formative research will use a Barrier Analysis Doer/Non-doer methodology to identify the main barriers and enablers to behaviours influencing child nutrition.

The Barrier Analysis methodology employs qualitative interviews with a structured questionnaire at the community level. The methodology and tools are based on a well-established guidance³. It interviews purposively selected groups of people who do (Doers) and do not do (Non-Doers) the specific behaviour of interest. Under this project, there are several nutrition related behaviours of interest, however due to resource and time constraints, only 2-3 specific behaviours will be selected for study.

Suggested key behaviours are: (1) caregivers feeding protein rich foods (animal source foods or beans/legumes) in the previous day to infants from 6 months to 2 years old; and (2) caregivers washing hands with soap after using the bathroom and before feeding children. Other behaviours can be selected but will need to be clearly defined and discussed with the project team.

The structured interview questionnaire will examine multiple possible determinants of the behaviour (such as social norms, perceived benefits and negatives, and what makes it easier or more difficult to feed with protein rich foods) and then compare trends in answers between the groups of “doers” vs “non-doers”. This provides a good indication of which factors are important determinants of the behaviours of interest and can then be used to form the basis of the SBCC strategy and its key messages.

Interested consultants are welcome to suggest modifications or alternative methodologies that will lead to the same behavioural insights.

5.2 Sampling

The Barrier Analysis methodology requires a sample of 45 Doer + 45 Non Doers (total 90) for each behaviour of interest. For analysis of two behaviours, this would be doubled (total 180). Respondents will be purposively sampled from caregivers of young children within the target communities of the HPHV project. Convenience sampling is permitted but should be inclusive of key demographic groups including GEDSI.

All data collection should include appropriate considerations for safeguarding, consent, and privacy of all respondents.

³ Kittle, Bonnie. 2017. *A Practical Guide to Conducting a Barrier Analysis* (2nd ed.). New York, NY: Helen Keller International. Available: <https://www.behaviourchange.net/docs/kittle-b-2017-practical-guide-to-conducting-barrier-analysis.pdf>

5.3 Data Sources and Data Collection Methods / Tools

All primary data collected during the study must facilitate disaggregation by gender, age, disability, and location. SCV's Regional Health and Nutrition TA will provide guidance on tools and sampling based on the established Barrier Analysis methodology.

SCV will not provide enumerators to assist with primary data collection but can provide a list of enumerator contacts from which the consultant can engage for this work.

The study team is required to adhere to the [Save the Children Child Safeguarding: Protection from Sexual Exploitation and Abuse; Anti-Harassment, Intimidation and Bullying](#); and Data Protection and Privacy policies throughout all project activities.

5.4 Ethical Considerations

It is expected that this study will be:

- **Inclusive.** Ensure that caregivers from different ethnic, social and religious backgrounds have the chance to participate, as well as caregivers/children with disabilities and those who may be excluded or discriminated against in their community.
- **Ethical:** The study must be guided by the following ethical considerations:
 - Safeguarding – demonstrating the highest standards of behaviour towards children and adults.
 - Sensitive – to child rights, gender, inclusion and cultural contexts.
 - Openness - of information given to the highest possible degree to all parties involved.
 - Confidentiality and data protection - measures will be put in place to protect the identity of all participants and any other information that may put them or others at risk.⁴
 - Public access - to the results when there are no special considerations against this
 - Broad participation - the relevant parties should be involved where possible.
 - Reliability and independence - the study should be conducted so that findings and conclusions are correct and trustworthy.

⁴ If any Consultancy Service Provider, Freelancer or Contingent worker will have direct contact with children and/or vulnerable adults and/or beneficiaries and/or have access to any sensitive data on safeguarding and/or children and/or beneficiaries, it is the responsibility of the person receiving the consulting service to contact the local HR team and child safeguarding focal point to ensure vetting checks and on-boarding are conducted in line with statutory requirements, local policies and best practices guidance.

It is expected that:

- Data collection methods will be age and gender appropriate.
- A risk assessment will be conducted that includes any risks related to children, young people's, or adult's participation.
- A referral mechanism will be in place in case any child safeguarding or protection issues arise.
- Informed consent will be used.

The study team will be required to obtain approval from the Vanuatu Human Research Ethics Committee. Save the Children can provide assistance with this process, if requested.

5.5 Known limitations

As the Barrier Analysis is a rapid assessment type methodology that aims to gather quick insights into a behaviour, it does not use a representative sample and is not meant to be a comprehensive analysis. The study will be conducted on a limited number of 2-3 key behaviours due to limits in time and resources – these are chosen based on indicators with very low values and large room for improvement, however, there are a broad range of other behaviours that are important for improving child nutrition outcomes that will not be feasible to include.

6.EXPECTED DELIVERABLES

The deliverables and tentative timeline (subject to the commencement date) are outlined below. The consultant and SCV HPHV Project Manager will agree on final milestones and deadlines at the inception phase.

Deliverables and Tentative Timeline

Deliverable / Milestones	Timeline
The consultant is contracted and commences work	6 Feb 2026
The consultant will facilitate a meeting with the relevant stakeholders at the commencement of the project to develop the inception report and finalise study behaviours of interest.	9 - 10 Feb 2026
The study Team will submit a brief inception report* in line with a provided template , including: <ul style="list-style-type: none"> ▪ Study objectives, scope and key study questions 	13 Feb 2026

<ul style="list-style-type: none"> ▪ description of the methodology, including design, data collection methods, sampling strategy, data sources. ▪ Description of enumerator training, data collection plan and budget ▪ data analysis and reporting plan ▪ caveats and limitations of study ▪ risks and mitigation plan ▪ ethical considerations including details on consent ▪ stakeholder and children communication and engagement plan ▪ key deliverables, responsibilities, and timelines ▪ resource requirements ▪ data collection tools (adapted from Barrier Analysis methods) <p>Once the report is finalised and accepted, the consultant will need to submit any request for any change in strategy or approach to the SCV HPHV Project Manager.</p> <p><i>A consolidated set of feedback from key stakeholders will be provided by SCV within 1 week of the submission of the draft report.</i></p>	
<p>Ethics submission (if applicable):</p> <p>Should approval from a Human Research Ethics Committee be required, an ethics submission should include:</p> <ul style="list-style-type: none"> ▪ study protocols (participant recruitment, data security and storage, consent and confidentiality etc.) ▪ considerations for consulting with children and other vulnerable groups (if applicable) ▪ participant information statement and consent forms ▪ Application fee in proposal submission <p>Note: it is expected that the study team can proceed with enumerator training and testing of tools while awaiting ethics approval on the assumption that any changes required will be minimal.</p>	<p>20 Feb 2026</p> <p>(assuming 2 weeks processing time)</p>

<p>Data collection and enumerator training</p> <ul style="list-style-type: none"> ▪ training enumerator on data collection tools ▪ coordinate data collection and logistic and community mobilisation ▪ oversee data collection in field ▪ oversee data quality 	6 - 20 Mar 2026
<p>A Power Point Presentation to provide a debrief after data collection and to summarise findings. The focus will be on:</p> <ul style="list-style-type: none"> ▪ Summary of data collected and interim findings ▪ Any emerging issues or risks (if applicable) ▪ Any changes that have had to be made to the study design (if applicable) ▪ Key tasks for the next stage of the study and SBCC package development 	20 Mar 2026
<p>A Draft Study Report including below elements:</p> <p>All reports are to use the Save the Children Final Study Report template</p> <ul style="list-style-type: none"> ▪ Executive summary ▪ Background description of the program and context relevant to the Study ▪ Scope and focus of the study ▪ Overview of the study methodology and data collection methods, including a Study matrix ▪ Findings aligned to each of the key Study questions ▪ Specific caveats or methodological limitations of the evaluation ▪ Conclusions outlining implications of the findings or learnings ▪ Recommendations ▪ Annexes (study ToR, Inception Report, Study schedule, List of people involved, copy of data and analysis including raw data) <p><i>A consolidated set of feedback from key stakeholders will be provided by SCV within 1 week of the submission of the draft report.</i></p>	27 Mar 2026

Final Study Report* incorporating feedback from consultation on the Draft Study Report	10 Apr 2026
SBCC strategy brief: <ul style="list-style-type: none"> ▪ Translation of Barrier Analysis insights into a short SBCC strategy document that outlines recommended key messages, how they are best framed, key audiences and modes of delivery. 	10 Apr 2026
A presentation of Draft designs of Nutrition and WASH IEC materials to SCV and MoH staff for initial feedback and endorsement: <ul style="list-style-type: none"> ▪ Updated Flipchart ▪ Poster designs ▪ 1-2 Innovative nutrition tools 	24 Apr 2026
Final and Print ready package of Nutrition and WASH IEC materials incorporating feedback from user testing <ul style="list-style-type: none"> ▪ Short report (~3 pages) on results of user testing and feedback incorporated. ▪ Share editable soft copies of final print files and any physical tool designs 	22 May 2026

*All reports are to use the SCV [Final Study Report template](#).

All documents are to be produced in MS Word format, data to be exported to MS Excel and provided electronically by email to the SCV HPHV Project Manager. Copies of all PowerPoint presentations used to facilitate briefings for the project should also be provided to Save the Children in editable digital format.

The consultant is responsible to recruit enumerators that meet SCV's standard (have valid police clearance) and organising and covering logistic and expenses associated with the data collection, including training venue, catering, enumerator fees, transportation to communities and other related costs.

7.REPORTING AND GOVERNANCE

The consultant is to provide reporting against the project plan. The following regular reporting and quality review processes will also be used:

- Verbal/email reporting each week to the SCV HPHV Project Manager and Pacific Health and Nutrition TA documenting progress, any emerging issues to be resolved and planned activities.

8. STUDY MANAGEMENT

Tentative Timeline, with key deliverables in bold. The final timeline and deliverables will be agreed upon the inception phase.

What	Who is responsible	By when	Who else is involved
Study tender submissions due	Interested applicants	16 Jan 2026	
Tender review and selection of study team	SCV tender review panel	23 Jan 2026	
Inception call, documentation review, desk research	Consultant	9-13 Feb	
Inception report (Draft) and data collection tools	Consultant	13 Feb	
Review of inception report and tools	SCV HPHV Project Manager and MEAL Manager	18 Feb	MEAL Manager/ Associate and Pacific H&N TA
Ethics submission	Consultant with assistance from SCV	20 Feb	MEAL Manager/ Associate
Logistical arrangements for data collection including training of enumerator on tools	Consultant	6 Mar	
Data collection	Consultant	20 Mar	
Data management and analysis (data quality, coding, transcriptions, data cleaning, integration and analysis)	Consultant	20 Mar	Pacific H&N TA (if needed)
First draft of the Final study report	Consultant	27 Mar	
Review of first draft report	SCV HPHV Project Manager	3 Apr	MEAL Manager/ Associate and Pacific H&N TA
Final study report and submission of data and analyses	Consultant	10 Apr	
SBCC strategy brief	Consultant	10 Apr	
Draft designs of updated Nutrition and WASH IEC	Consultant	24 Apr	Pacific H&N TA

materials (with review of old materials)			
User testing and revisions of designs	Consultant	8 May	
Final and Print ready package of Nutrition and WASH IEC materials	Consultant	22 May	

9. STUDY TEAM AND SELECTION CRITERIA

Interested consultants will be required to submit an Expression of Interest in line with the provided template, which should demonstrate adherence to the following requirements.

Understanding of Requirements and Experience

To be considered, the study team members together must have demonstrated skills, expertise and experience in:

- Designing and conducting behaviour change or market research, or evaluations using qualitative methods
- Designing and producing print materials for IEC purposes including strong graphic design experience (or managing of graphic designers for this purpose).
- Conducting studies in the field of nutrition, WASH or Health, particularly in relation to child wellbeing. (preferred)
- Leading research, evaluations or consultancy work in Vanuatu that is sensitive to the local context and culture, particularly rural and peri-urban areas, gender equality, and disability.
- Conducting ethical and inclusive studies
- Conducting ethical and inclusive studies involving marginalised, deprived and/or vulnerable groups in culturally appropriate and sensitive ways
- Managing and coordinating a range of government, non-government, community groups and other stakeholders
- Strong written and verbal skills in communicating technical and/ or complex findings to non-specialist audiences (especially report writing and presentation skills)
- A track record of open, collaborative working with clients

There is a high expectation that:

- Members (or a proportion) of the team have a track record of previously working together.
- A team leader will be appointed who has the seniority and experience in leading complex projects, and who has the ability and standing to lead a team toward a common goal.
- The team has the ability to commit to the terms of the project and have adequate and available skilled resources to dedicate to this study over the period.
- The team has a strong track record of working flexibly to accommodate changes as the project is implemented.

Financial Proposal

SCV seeks value for money in its work. This does not necessarily mean “lowest cost”, but quality of the service and reasonableness of the proposed costs. Proposals shall include personnel allocation (role / number of days / daily rates / taxes), as well as any other applicable costs.

10. SCHEDULE OF PAYMENT


The following payments will be made to the consultant using and agreed mode of payment:

- Upon approval of inception report and tools: 20%
- Upon submission of Final Study Report and SBCC Brief: 30%
- Upon submission of Final Print Ready IECs: 50%

11. HOW TO APPLY

If interested in applying for this study, please refer to the [Consultant EOI Form](#). Contact persons for this study are:

- Leiwaku Noah, SCV HPHV Project Manager: leiwaku.noah@savethechildren.org.au; and
- Tracy Yuen, Pacific Regional Health & Nutrition TA: tracy.yuen@savethechildren.org.au

ToR prepared by:	Tracy Yuen, Pacific Regional Health & Nutrition Technical Advisor
ToR approved by:	Trisha Aruhuri, Acting PDQ Director and MEAL Manager
Date of sign off:	 17/12/2025

